

## Description of Medi-Cal Waivers

September 2010

<b>Waivers By Type:</b>	
1115	2
1915(b)	6
1915(c)	8
<b>Total</b>	<b>16</b>

<b>Benefits, Waiver Analysis and Rates Division</b>	<b>BWARD</b>
<b>Safety Net Financing Division</b>	<b>SNFD</b>
<b>Medi-Cal Managed Care Division</b>	<b>MMCD</b>
<b>Utilization Management Division</b>	<b>UMD</b>
<b>Long Term Care Division</b>	<b>LTCD</b>

### 1115 Demonstration Project Waivers (2)

Title	Description	Waiver Capacity by Waiver Year (WY) <sup>1</sup>	Waiver Term	Is this waiver currently operating under an extension?	Division Oversight
<b><u>Family Planning, Access, Care and Treatment Program (Family PACT)</u></b>	Allows federal reimbursement for reproductive health services for medically indigent females and males. Family PACT focuses outreach efforts at adults at or below 200 percent of the federal poverty level who are at risk of unintended pregnancy. The program provides pregnancy prevention services, including contraceptives, and sexually transmitted disease preventive services and education.	No cap requirements	12/01/99– 11/30/04	Yes Approved through 10/31/2010	BWARD
<b><u>Medi-Cal Hospital / Uninsured Care Demonstration</u></b>	Provides up to \$766 million annually in federal funds for reimbursement for care provided in hospitals and clinics to Medi-Cal and uninsured patients. Governmental entities will certify their public expenditures to claim this federal funding. Permits California to continue the Selective Provider Contracting Program previously operated under a section 1915(b) waiver.	No cap requirements	9/01/05– 8/31/10	Yes Approved through 10/31/10	SNFD

<sup>1</sup> Waiver year varies for each waiver since it is the 12-month period approved by the Centers for Medicare & Medicaid Services (CMS); and may at times be a calendar year (CY), January 1 through December 31.

\*Note: The In-Home Supportive Services Plus waiver was transitioned to a 1915(j) State Plan Option effective 10/1/09.

## Description of Medi-Cal Waivers

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### 1915(b) Freedom of Choice Waivers (6)

Title	Description	Waiver Capacity by Waiver Year (WY) <sup>1</sup>	Waiver Term	Is this waiver currently operating under an extension?	Division Oversight
<p><b>California Children Services / Dental Managed Care (CCS/Dental)</b></p> <p><b>Effective October 1, 2010, this waiver will be called the Two-Plan/GMC Waiver</b></p>	<p>Authorizes the Two-Plan and Geographic models of managed care to certain qualifying Medi-Cal beneficiaries residing in the Two-Plan counties of Alameda, Contra Costa, San Francisco, Kern, Tulare, Fresno, Stanislaus, Santa Clara, Riverside, San Bernardino, San Joaquin, and Los Angeles. Kings and Madera Counties will become Two-Plan counties effective October 1, 2010. Also covered under this waiver are the GMC counties of Sacramento and San Diego.</p> <p>This waiver allows for the mandatory enrollment of children who meet the eligibility requirements of the California Children's Services (CCS) program, and all adults and children eligible for enrollment in a dental managed care plan in Sacramento County.</p>	No cap requirements	10/01/09– 9/30/11	No	MMCD
<p><b>County Organized Health Systems (COHS) – Health Insuring Organizations of California (HIO)</b></p>	<p>Authorizes county operated managed health care programs in Orange, Santa Cruz, Monterey, Solano, Sonoma, Merced, Napa, and Yolo Counties. This waiver includes California Orange Prevention and Treatment Integrated Medical Assistance (CalOPTIMA) (Orange County), Central California Alliance for Health (CCAH) (Santa Cruz, Merced and Monterey counties), and Partnership HealthPlan of California (PHC) (Solano, Sonoma, Napa, and Yolo Counties). Enrollment is mandatory for all covered aid codes.</p>	No cap requirements	7/1/09– 6/30/11	No	MMCD
<p><b>COHS – Santa Barbara-San Luis Obispo Regional Health Authority (SBSLORHA or CenCal)</b></p>	<p>Authorizes a county operated managed health care program in Santa Barbara and San Luis Obispo Counties. Enrollment is mandatory for all covered aid codes.</p>	No cap requirements	1/1/09- 12/31/2010	No	MMCD

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**1915(b) Freedom of Choice Waivers (6)**

Title	Description	Waiver Capacity by Waiver Year (WY) <sup>1</sup>	Waiver Term	Is this waiver currently operating under an extension?	Division Oversight
<b>Health Plan of San Mateo (HPSM)</b>	Authorizes a county operated managed health care program in San Mateo County. Enrollment is mandatory for all covered aid codes.	No cap requirements	10/1/10-9/30/2012	No	MMCD
<b><u>Specialty Mental Health Consolidation Program</u></b>	Provides mental health services for enrollees with specified diagnoses requiring treatment by licensed mental health professionals through county mental health plans.	No cap requirements	10/1/09-6/30/11	No	BWARD
<b>Superior Systems (SS Waiver)</b>	Allows a 100% review of all inpatient hospital days by state-employed Nurse Evaluators and/or Medical Consultants. Federal utilization review (UR) guidelines allow committees or groups to perform UR and do so by a sampling basis. These Federal requirements are waived because California has a superior method (100%) of UR.	No cap requirements	12/09/08-12/08/10	No	UMD

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## Description of Medi-Cal Waivers

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### 1915(c) Home and Community Based Services (HCBS) Waivers (8)

Title	Description	Waiver Capacity by Waiver year (WY) <sup>1</sup>	Waiver Term	Is this waiver currently under an extension?	Division Oversight
<b><u>Acquired Immune Deficiency Syndrome (AIDS)</u></b>	Provides home and community-based services (HCBS) to Medi-Cal beneficiaries with mid- to late-stage HIV/AIDS disease as an alternative to nursing facility or hospital care.	3,560 – CY 2007 3,720 – CY 2008 3,890 – CY 2009 4,070 – CY 2010 4,250 – CY 2011	1/01/07–12/31/11	No	BWARD
<b><u>Assisted Living Waiver</u></b>	Provides HCBS as an alternative to long-term nursing facility placement to Medi-Cal beneficiaries over the age of 21 in either of two settings: a Residential Care Facility for the Elderly; or in Publicly Subsidized Housing with a Home Health Agency providing the assisted care services.	1,300 – WY 2009 1,720 – WY 2010 2,260 – WY 2011 2,920 – WY 2012 3,700 – WY 2013	3/1/09—2/29/14	No	LTCD
<b><u>Home and Community-Based Services Waiver for the Developmentally Disabled (DD Waiver)</u></b>	Provides HCBS to Regional Center consumers with developmental disabilities, enabling them to living in the community rather than in an intermediate care facility for the developmentally disabled (ICF/DD).	75,000 – WY 06/07 80,000 – WY 07/08 85,000 – WY 08/09 90,000 – WY 09/10 95,000 – WY 10/11	10/01/06–9/30/11	No	BWARD
<b><u>In-Home Operations (IHO)</u></b>	The In-Home Operations Waiver serves either 1) participants previously enrolled in the NF A/B Level of Care waiver who have continuously been enrolled in a DHCS In-Home Operations-administered HCBS waiver since prior to January 1, 2002, and require direct care services provided primarily by a licensed nurse; or 2) those who have been receiving continuous care in a hospital for 36 months or greater and have physician-ordered direct care services that are greater than those available in the Nursing Facility/Acute Hospital waiver for the participant's assessed level of care.	170 – CY 2010 162 – CY 2011 154 – CY 2012 147 – CY 2013 140 – CY 2014	1/01/10–12/31/14	No	LTCD
<b><u>Multipurpose Senior Services Program (MSSP)</u></b>	Provides HCBS to Medi-Cal beneficiaries who are 65 or over and disabled as an alternative to nursing facility placement. HCBS allow the individuals to remain in their homes.	16,335	7/01/09–6/30/14	No	BWARD

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Title	Description	Waiver Capacity by Waiver year (WY) <sup>1</sup>	Waiver Term	Is this waiver currently under an extension?	Division Oversight
<b><u>Nursing Facility / Acute Hospital (NF/AH)</u></b>	Provides services in the home to Medi-Cal beneficiaries who would otherwise receive care in an intermediate care facility, a skilled nursing facility, a subacute nursing facility, or an acute care hospital. Services include private duty nursing, case management, waiver personal care services, and other home and community-based services.	2,392 – CY 2007 2,552 – CY 2008 2,712 – CY 2009 2,872 – CY 2010 3,032 – CY 2011	1/1/07–12/31/11	No	LTCD
<b><u>Developmentally Disabled Continuous Nursing Care</u></b>	Provides continuous nursing care to medically fragile developmentally disabled beneficiaries in a small home-like community setting.	60 – WY 2009 72 – WY 2010 84 – WY 2011	10/01/09 – 9/30/12	No	LTCD
<b><u>Pediatric Palliative Care Waiver (PPC)</u></b>	This is a new waiver that offers children with life limiting conditions a range of home-based hospice like services while they maintain the option of receiving curative treatment. According to diagnosed need and an approved plan of care, services include: concurrent provision of the hospice-like services and therapeutic state plan services, care coordination, expressive therapies, family training, individual and family caregiver bereavement services, and respite care.	300 – WY 1 1100 – WY 2 1300 WY 3	4/1/09 – 3/31/12  (Waiver actually began in 1/10)	No	BWARD

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